U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U-/0372

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

01 / 01 / 04 Through: 12/31/04

4. Name, file number, and address of labor organization.

Name Doug N GAribie	Name Asbestos Workers AFL-CIO
, 'J	Labor Organization File Number 000-090
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 9503 35 44 AVE SE	Street 9602 Martin Luther KIng Jr Hwy
city Evereu	City Lanham
State WA- ZIP Code + 4 98208	State Maryland ZIP Code + 4 20706-1839
5. Position in labor organization. INWL Live - Pres	chect
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is active y seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Trar saction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatury and is, to the best of the undersigned's knowledge and being, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed	On 8-/2-05 425-355-2620 Date Telephone Number
	Date Telephone Number

Name of Person Filing Doug N. QAN ble-	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, of irectly to, or otherwise
8. Name and address of Business (including trade name_it_any). City Name Ton N Andrews Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with a. Labor Organ.zation b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name JOHN ANDRESS— Trade Name, if any: CHARWELL TWO STREETS— P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 ANDRESS - Q. CHARWELL IP COM.	11.a. Nature of such dealing. Neeting, Golf, Winter Meeting. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest help or income received. Golf Green Fees-
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	
State ZIP Code + 4 13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.